

It's time for Congress to follow Florida's lead and ensure that any conference committee meeting on health care reform be conducted in the light of day and under full public view. I hope Members on both sides of the aisle will cosponsor this important right-to-know measure and join me in this effort.

MISREPRESENTATIONS ON MEDICARE

(Mr. ANDREWS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ANDREWS. Well, it's been 126 days and the minority party's not given us their plan for health care. What they have given America's seniors is a lot of misrepresentations on Medicare. This bill does not cut Medicare benefits for seniors. It cuts corporate welfare for insurance companies. There is a program called Medicare Advantage, and it's an advantage for the insurance industry because it works like this: for every \$100 that we spend on regular Medicare to take care of seniors, insurance companies get \$114. They keep most of that \$14, if not all of it, and do not use it to help seniors. We're getting rid of that and I think that makes sense.

This bill will work in favor of seniors on Medicare because when you go to the doctor for preventive care if you're a senior on Medicare, no more copay, no more out of your pocket. Medicare pays it all. The cost of your prescription drugs will drop, and Medicare benefits will be strengthened. The life of the Medicare trust fund will be extended by 5 years.

So after 126 days, you'd think they'd come up with something, but what they've come up with is more misrepresentation.

PUBLIC OPTION DISASTER

(Mr. ROE of Tennessee asked and was given permission to address the House for 1 minute.)

Mr. ROE of Tennessee. Mr. Speaker, this week The Washington Post published a poll supposedly showing that 57 percent of the American people support, and I quote, "having the government create a new health insurance plan to compete with the private health insurance plans." Unfortunately, what The Post failed to ask and what poll after poll has consistently shown is that Americans who claim to support a government-run option switch their opinion when they find out that creating such a plan will decrease quality and access and increase costs.

How do I know this will happen? I practiced medicine in Tennessee under a plan very similar to what the Democrats are proposing here. We sought to increase access to health insurance by lowering provider payments and promising free medical care to our State's

government-run Medicaid plan. Our plan was called TennCare, but it might as well have been called H.R. 3200. It resulted in costs tripling in 10 years and rationing of care when our State couldn't pay for the care that was promised.

Our businesses realized they could shift the cost to the public sector, and our State saw 45 percent of individuals on TennCare who had previously been on private health insurance. It was a disaster. And I'm trying to prevent that disaster from playing out on a national level.

INSURANCE COMPANY CATCH-22

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. This month a health insurance company tried to deny health coverage to a 4-month-old baby in Colorado. Why? Because they said he was too fat. An insurance company also, just this week, denied coverage to a 2-year-old girl. Why? Because they said she was too thin. Too fat, too thin, sounds like a no-win situation, a catch-22.

And, in fact, it was designed that way. An industry spokesman said they might reconsider covering those children if they got medical treatment and seemed healthy over a period of time. So in order to get health insurance, these children need to get treated without health insurance until they prove they're healthy enough to satisfy the insurance company. A cruel trick. And these companies pull it every day just to preserve their profit margins.

The apple doesn't fall far from the tree. Our friends across the aisle have been using similar logic to defend these companies and to defeat health insurance reform. They tell us that a public option will mean government-run health insurance, and that must be stopped. They tell us our health reform plan will endanger Medicare which is, of course, a public option. Which is it: too fat, too thin, too much government or not enough?

HEALTH INSURANCE EXPANSION SHOULD NOT COST PATIENTS COVERAGE OR BENEFITS

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Mr. Speaker, I rise today to say that health insurance expansion should not end up costing patients their quality of care or their benefits. In January 2008 the Arkansas Department of Health reported that 51,707 Arkansans were currently enrolled in Medicare Advantage. The Department also noted that the number of enrollees was increasing every day.

Most of these men and women are located in rural areas of the State, places where access to health care is already

strained and doctors are no longer seeing new Medicare patients. With the massive proposed cuts to Medicare Advantage, how am I to explain to these patients that the reform that they've been waiting for, the reform that many claim will broaden access and help them get the services they need will actually cost them the quality of care and coverage that they depend on?

I cannot find a good explanation, and I will not support legislation that sacrifices the health of seniors in Arkansas by cutting Medicare Advantage.

AMERICANS ARE TIRED OF WAITING

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. Mr. Speaker, I'm a patient man, so I've been willing to take my Republican colleagues at their word that they're not really trying to obstruct health care reform, that they want to fix the system as well. So I've been willing to wait for a plan. And many people out there in the public have been willing to wait as well for the Republicans to produce a health care reform before they pass judgment on what the best course is to fix our broken health care system.

Well, 126 days later, we're tired of waiting. Americans are ready for health care reform now because they want affordable choice that competes with private plans. They know that they are one bad checkup or one pink slip away from being kicked off their coverage. And they can't wait any longer for Republicans to share their solution.

Mr. Speaker, the status quo is unacceptable to the vast majority of Americans, except to those who have left us waiting.

FIND WAYS TO HELP SMALL BUSINESSES

(Mr. ROGERS of Alabama asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROGERS of Alabama. Mr. Speaker, the folks in east Alabama, as across most of America, are hurting right now. In my home county, we have 11 percent unemployment, and that's the lowest unemployment in that region of the State. I have several counties in my district with 15 percent unemployment, and I have one county with 17 percent. That's real pain. And instead of this Congress and this administration finding ways to help small businesses create jobs and get these people back to work, they're talking about raising taxes on small businesses and creating government-run health insurance and mandating it on small businesses.

We need to find ways to help small businesses create jobs. We need to offer tax credits if you'll hire new employees. We need to offer tax credits if